| CLAIMS ONLY | | Application Number 16/698411 | Filing Date |
| --- | --- | --- | --- |
| | | Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | | | | | | |
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| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| Total Indep | 1 | | | | | | Total Indep | | | | | | |
| Total Depend | 23 | | | | | | Total Depend | | | | | | |
| Total Claims | 24 | | | | | | Total Claims | | | | | | |